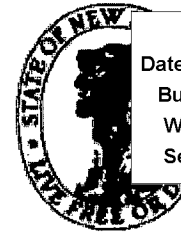


State of New Hampshire
Department of State
Corporation Division
603-271-3246



Filed
Date Filed: 10/05/2015
Business ID: 644222
William M. Gardner
Secretary of State

Reinstatement of Charter

1. I, the undersigned, have been authorized and directed, on behalf of

Govs Tickets LLC

to request reinstatement by the payment of fees in arrears plus a reinstatement fee of \$135.00 and the filing with the secretary of state of annual reports and any other forms with fees required by law. The date of the dissolution was August 28, 2015. (Note 1)

2. **OMIT THIS SECTION IF NOT APPLICABLE AND COMPLETE SECTION 3.**

(Complete this section ONLY if the name at time of reinstatement is not available. The entity name is protected for 120 days after the date of dissolution. Name must be checked for availability after 120 days.) (Note 2)

I further certify that since the name is no longer available, the name as amended will be

_____.

The name or proposed name satisfies the requirements of the Revised Statutes Annotated.

3. Dated 10-5-15, _____

By James M Devlin (Note 3)
Signature

James m Devlin
Print or type name

Member
Title

BIN: 644222

Note 1: If this application is filed with the Office of the Secretary of State MORE THAN 120 DAYS AFTER THE DATE OF DISSOLUTION, a CERTIFICATE OF GOOD STANDING from the In-State Bureau, Audit Division, Department of Revenue Administration, PO Box 3306, Concord NH 03302-3306, must be submitted with this application. The fee for the certificate of good standing, payable to the Department of Revenue Administration, is \$30.00.

Note 2: If the entity name has changed, there will be an additional \$35.00 filing fee due with this application.

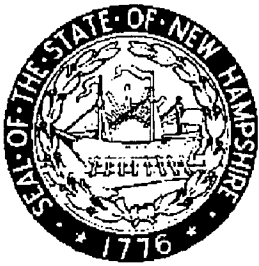
Note 3: Signature and title of person signing for the entity. Must be authorized to sign of behalf of the entity as required by the Revised Statutes Annotated.

State of New Hampshire
Reinstatement Package 3 Page(s)



T1527852042

OK #



State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Govs Tickets LLC

17 Goodnow st, apt #3
Jaffrey, NH 03452

ADDRESS OF PRINCIPAL OFFICE:

17 Goodnow st , apt #3
Jaffrey, NH 03452

REGISTERED AGENT AND OFFICE:

Burnett, Rand S, Esq
50 Washington Street
Keene, NH 03431

ENTITY TYPE: LLC

BUSINESS ID: 644222

STATE OF DOMICILE: NEW HAMPSHIRE

Ticket agency.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☒ The new mailing address PO box 592 Jaffrey NH 03452
☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME James M Devlin
STREET PO box 592
CITY/STATE/ZIP Jaffrey NH 03452
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

James M Devlin

Please print name and title of signer:

James M Devlin

1 Member

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL): _____



064422220151504

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE

WILL BE ASSESSED A LATE FEE.

Govs Tickets LLC

17 Goodnow st, apt #3

jaffrey, NH 03452

ENTITY TYPE: LLC

BUSINESS ID: 644222

STATE OF DOMICILE: NEW HAMPSHIRE

Ticket agency.

ADDRESS OF PRINCIPAL OFFICE:

17 Goodnow st , apt #3

jaffrey, NH 03452

REGISTERED AGENT AND OFFICE:

Burnett, Rand S, Esq

50 Washington Street

Keene, NH 03431

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address Po box 592 Jaffrey NH 03452

☐ The new principal office address _____

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME James m Devlin

STREET Po box 592

CITY/STATE/ZIP Jaffrey NH 03452

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

NAME _____

STREET _____

CITY/STATE/ZIP _____

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: _____

Please print name and title of signer: James m Devlin

NAME

1 Member

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL): _____



064422220141503

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
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